FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076

Expires: April 30, 2008 Estimated average burden

16.00 hours per response:

SEC USE ONLY							
Prefix Serial							
	DATE F	RECEIVED					

Name of Offering (☑ check if this is an amendment and name has changed, and indicate change.) Goldman Sachs Global Fundamental Strategies, LLC (f/k/a Goldman Sachs Global Event Driven, LLC): Company Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)	SEC-IVAL Processing
Type of Filing: ☐ New Filing ☑ Amendment	Section
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	APR 162008
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	***
Goldman Sachs Global Fundamental Strategies, LLC (f/k/a Goldman Sachs Global Event Driven, LLC)	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Num	nber (including Area Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 (212) 902-1	1000
Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State PROCESSED Telephone Number and Street, City, State PROCESSED	nber (Including Area Code)
Brief Description of Business APR 2 4 2008	I JARONI ROKO INIH RAKU NINIR OKULDINI RIKK OKU INB
To operate as a private investment fund.	
THOMSON PEUTEDS	
Type of Business Organization	08046464
☐ corporation ☐ limited partnership, already formed ☐ other	iability Company
□ business trust □ limited partnership, to be formed □ Limited L	Maumity Company
Actual or Estimated Date of Incorporation or Organization: Month Year 0 1	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information	requesto	sa for the for	IOWII	ıg.						
•				as been organized w						
 Each beneficial of the issuer; 	wner ha	aving the pov	ver to	vote or dispose, or	direc	t the vote or disposit	tion (of, 10% or i	more	of a class of equity securities
* Each executive o	fficer au	nd director of	f corp	orate issuers and of	согр	orate general and ma	ınagi	ng partners	of pa	rtnership issuers; and
Each general and										
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first	. if indi	vidual)								
Goldman Sachs Hedge Fu			(the	Issuer's Managing	Mer	nber)				
Business or Residence Add										
One New York Plaza, Ne										
Check Box(es) that Apply:						Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first Goldman Sachs Princetor			I •				3			
Business or Residence Add c/o Goldman Sachs Hedge	iress	(Number and	,	- ,	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	k 10	004		
Check Box(es) that Apply:	_	Promoter				Executive Officer				General and/or Managing Partner
Full Name (Last name first	, if indi	vidual)								
Goldman Sachs Hedge Fr	ınd Par	tners, LLC								
Business or Residence Add		•		et, City, State, Zip (
c/o Goldman Sachs Hedg										22.
Check Box(es) that Apply:	: ; ; □	l Promoter	. 1	Beneficial Owner	, 🗖	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first Citco SGHB as Custodian	23		ıs He	dge Fund Partners	Plus	,LLC				
Business or Residence Ad						and the service with the service of	35.3			
c/o Goldman Sachs Hedg							k 10	004		
Check Box(es) that Apply		Promoter	Ø			Executive Officer				General and/or Managing Partner
Full Name (Last name firs	t, if indi	vidual)								
Goldman Sachs Hedge Fo	und Pa	rtners II, LL	C.							
Business or Residence Ad	dress	(Number and	d Stre	eet, City, State, Zip	Code)				
c/o Goldman Sachs Hedg	e Fund	Strategies I	LC,	One New York Pla	za, N					
Check Box(es) that Apply	1 17.7] Promoter	1	Beneficial Owner	toi	Executive Officer the Issuer's Managi			`	General and/or Managing Partner
Full Name (Last name firs	i if indi	i vidual)			. , '		7. Š.		, 4./10 E	
Business or Residence Ad	iress	(Number an	d Str	eet, City, State, Zip	Code) }	, 3	₹ .		
c/o Goldman Sachs Hedg		•					k 1(0004		,
Check Box(es) that Apply		Promoter		Beneficial Owner		Executive Officer the Issuer's Managi	abla	Director*	. 0	General and/or Managing Partner
Full Name (Last name firs	t, if ind	ividual)				. — —				
Barbetta, Jennifer										<u> </u>
Business or Residence Ad	dress	(Number an	d Str	eet, City, State, Zip	Code)				
c/o Goldman Sachs Hedg		Strategies I	LC,	One New York Pla	za, N	iew York, New Yor	k 10	0004		
		(Use blank s	sheet,	or copy and use add	dition	al copies of this she	et, as	necessary.)	

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following: 2. Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director* □ General and/or Executive Officer ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner *of the Issuer's Managing Member Full Name (Last name first, if individual) Ort, Peter Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director : General and/or Check Box(es) that Apply: (5) **Managing Partner** Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Executive Officer Director General and/or ☐ Promoter Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Director ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

			•	B. IN	FORMAT	ION ABO	UT OFFI	ERING				
		•									Yes	No
1. Has the	e issuer solo	i, or does th	e issuer inte								Þ	\square
			F	Answer also	in Appendi	ix, Column	2, if filing u	ınder ULOF	Ε.			
2. What is the minimum investment that will be accepted from any individual?											\$1,00	00,000*
*The Managing Member of the Issuer, in its sole discretion, may accept subscriptions in lesser amounts. 3. Does the offering permit joint ownership of a single unit?										**!*****	Yes ☑	No
4. Enter	the informa	tion reques	sted for each	h person w	ho has bee	n or will b	e paid or g	iven, direct	ly or indire	ctly, any		
commi	ssion or sin	nilar remun	eration for s	solicitation	of purchase	rs in connec	ction with s	ales of secu	rities in the	offering.		
If a per	rson to be li	sted is an a	ssociated pe broker or d	erson or age	ent of a brok are than five	er or dealer	registered i s to be liste	with the SE d are associ	C and/or wi ated person	th a state		
a broke	er or dealer,	you may so	et forth the i	nformation	for that bro	ker or deale	er only.	a are assec.	atou poison	5 01 54011		
Full Name	(Last name	first, if ind	lividual)		-							
Goldman.	Sachs & C	`o.										
			Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street Nev	v Vork Ne	w York 100	004								
	ssociated E				. ,							
			s Solicited		o Solicit Pu	rchasers						
(Check "	All States"	or check ind	lividual Stat	tes)					***************************************	***************************************		1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[iD]
[iL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[TV]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	tirst, if ind	lividual)									
Business of	r Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	roker or Do	ealer					_				
			s Solicited									1.0.
,			lividual Stat									
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[٧٣]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruii Name	(Last name	: Hrst, II ma	iividuai)									
D :	D	A 21 ()	Number and	Samuel City	. C	Cada		-				
Dusiness o	or Residence	e Address (1	Number and	i Street, City	y, State, Zip	Code)						
Name of A	Associated E	roker or De	2010#									
Name of A	issociated i	STOKET OF DE	calci									
			s Solicited									A 11 Oc
•			dividual Stat	•								All States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	(MA)	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	(NM)	[NY] [VT]	[NC]	[ND] [WA]	[OH] [WV]	[OK] [WI]	(OR) [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[4 1]	[VA]	[m m]	[** *]	[44 1]	["' ']	[1, 1,]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of					
	the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		,	Amount Already Sold
	Debt	\$_	0	\$	_	0
	Equity (Shares)	\$_	0	\$		0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	s _	0	\$		0
	Partnership Interests	\$_	0	\$	_	0
	Other (Specify: Units of Limited Liability Company Interests)	\$_	804,330,488	\$		804,330,488
	Total	\$_	804,330,488	\$		804,330,488
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors	_	210	\$		804,330,488
	Non-accredited Investors	_	0	. \$		0
	Total (for filings under Rule 504 only)	_	N/A	\$		N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of			Dollar Amount
	Type of offering		Security			Sold
	Rule 505	_	N/A	\$	·	N/A
	Regulation A	_	N/A	\$	_	N/A
	Rule 504	_	N/A	\$	·	N/A
	Total	_	N/A	\$	·	N/A
ti ti	La. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$;	0
	Printing and Engraving Costs		О	\$;	0
	Legal Fccs		Ø	\$;	254,003
	Accounting Fees		Ø	9	<u> </u>	20,000
	Engineering Fces			9	·	0
	Sales Commissions (specify finders' fees separately)			5	;	0
	Other Expenses (identify)			9	;	0
	Total		Ø	9	<u> </u>	274,003

				DO 11	ND VIOL OF D	0000	EDC	
···-	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
	 b. Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4.a	Th	is		\$_	ŧ	304,056,485
5.	Indicate below the amount of the adjusted at to be used for each of the purposes shown, furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is not let the left of the estimate. The total	cnowi of th	1, ie				
	·				Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			s	0		\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment		\$_	0		s _	0
	Construction or leasing of plant buildings as	nd facilities		\$	0		\$_	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of	0	\$	0		\$	0
	Repayment of indebtedness		0	s —	0	- — 	s –	0
	Working capital			_	0	- 0	s –	0
	<u>-</u> .			\$_	- 	-	_	
	Other (specify): Investment Capital			\$_ _	0	_ 🗵	\$ <u></u>	804,056,485
	Column Totals			\$	0	- 🛛	\$ _	804,056,485
	Total Payments Listed (column totals added)	•••••		A \$	804,0	56,485	5
		D. FEDERAL SIGNATUL	RE					· · · · · · · · · · · · · · · · · · ·
fe	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking fits staff, the information furnished by the iss	by the issuer to furnish to the U.S. Se	curiti	ies and	Exchange Comr	nission,	upon	r Rule 505, the written request
Go Str	ner (Print or Type) Idman Sachs Global Fundamental ategies, LLC (f/k/a Goldman Sachs Global ent Driven, LLC)	Signature			Date April <u>[5</u> , 2008			
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)						
K a	thryn Pruses	Vice President of the Issuer's Mana	oino	Memb	er			

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).